

Registration District No. 176

Primary Registration District No. 3026

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 614 - North Pleasant
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 74 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 614 - N. Pleasant
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LAURA BELLE RAMSEY FLETCHER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, divorced, WIDOWED

6. (b) Name of husband or wife Jacob L. Fletcher 6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased July 21, 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>5</u>	<u>5</u>	— hr. — min.

9. Birthplace Rayhill, Bedford Co., Penn.
(City, town or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name W. W. Ramsey

13. Birthplace Bedford County, Penn.
(City, town or county) (State or foreign country)

14. Maiden name Mahala Beach

15. Birthplace Bedford County, Penn.
(City, town or county) (State or foreign country)

16. (a) Informant Reginald F. Gurley

(b) Address Independence, Missouri

17. (a) Burial (b) Date thereof 12-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Edward Mitchell

(b) Address 310 - N. Main St. Independence, Mo

19. (a) 12-27-45 (b) James Wood
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
year 1945 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 29, 1936, to Dec 12, 1945;
that I last saw her alive on Dec 12, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death exhaustion Duration _____

Due to Summ. obstruction of bowel 1 yr

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations no

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide, (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (Type of means of injury)

23. Signature [Signature] (M. D. or other) _____

Address Independence, Mo Date signed 12-27-45

MAY 18 1948

MAY 9 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by AME
....., Registered Apprentice No.....
working under my personal supervision.

Signed Henry J Mitchell
Licensed Embalmer No. 3925
P. O. Address Indep Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.